

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Instructions

- 1. Print in ink or type.
- 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Marion Room 1A, 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- 3. This form must be submitted within 5 days of any changes in your registration form, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 05/01/01

SLSP

AMENDMENT1. NAME: *BARNES, NILEN* B
Last First MI2. BUSINESS PHONE: *337-329-8005*3. BUSINESS ADDRESS: *100 E. KAHNIS ST., MARYVILLE, IA, 50568*
Street and No. City State ZipMAILING ADDRESS: *P.O. BOX 80658, MARYVILLE, IA, 50568*
Street and No. City State Zip4. EMPLOYER: *NILEN P. BARNES, PLLC*5. EMPLOYER'S ADDRESS: *100 E. KAHNIS ST., MARYVILLE, IA, 50568*
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes.

No

7. LIST BELOW (a) names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: *MARYVILLE PARISH COMMUNICATION DISTRICT*Address: *P.O. Box 80036, MARYVILLE, IA, 50568*Business or purpose: *COMMUNICATIONS - 911* New RepresentationDoes this person pay you? Yes

If No, who pays you?

 Terminated Representation as of _____

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FOR OFFICE USE ONLY
Postmark Date 3/3/04

SOPP

1. NAME: BABE'S, ALLEN P. MI

1030364

2. BUSINESS PHONE: 337-239-50253. BUSINESS ADDRESS: 10 C. KALISCH SALON, MALLAGE 1A.
Street and No. City State Zip 20508MAILING ADDRESS: P.O. BOX 80685, LAFAYETTE, LA. 70898
Street and No. City State Zip

4. EMPLOYER:

5. EMPLOYER'S ADDRESS:

Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes. No. X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: INTERSTATE FINISH COMMUNICATION SYSTEMS
Address: P.O. Box 82236, LAFAYETTE, LA. 70898
Business or purpose: COMMUNICATIONS-911

 New RepresentationDoes this person pay you? Yes

If No, who pays you?

[] Terminated Representation as of:

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name:

Address:

Business or purpose:

New Representation
Does this person pay you?

If No, who pays you?

Terminated Representation as of:

3. Name:

Address:

Business or purpose:

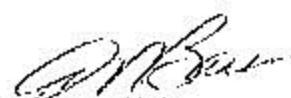
New Representation
Does this person pay you?

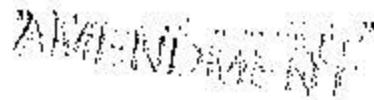
If No, who pays you?

Terminated Representation as of:

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist



SUPPLEMENTAL REGISTRATION FORM

Lobbyist Registration Number
[REDACTED]

2. Name:

Address:

Business or purpose:

[] New Representation

Does this person pay you?

If No, who pays you?

[] Terminated Representation as of:

3. Name:

Address:

Business or purpose:

[] New Representation

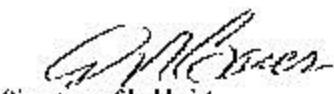
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Signature of Lobbyist